

Iowa Alternate Assessment

Transferring Student Form

2008-2009

Exiting School*

Student Name: _____
First Middle Initial Last Name

Grade: _____ Birthdate: _____

School Name: _____

School District: _____

Teacher Name: _____ School Telephone Number: _____
(Please Print)

Date Transferred Out: _____ School Building, District or State Transferred to: _____
(If Known)

Entering School*

Student Name: _____
First Middle Initial Last Name

Grade: _____ Birthdate: _____

School Name: _____

School District: _____

School Telephone Number: _____

Teacher who will be administering the IAA: _____
(Please Print)

Date Transferred In: _____

School Building, District or State Transferred From: _____
(If Known)

Prior Teacher Name: _____
(If Known)

***NOTE:** Teachers need to complete the appropriate section of the form. If a student is transferring out of your school, fill the top, **Exiting School** section. If a student is transferring into your school, complete the bottom, **Entering School** section of this form.

FAX to: Erin Jann at 612-624-9344